



Calendar & Information

October 20, 2001

Examination: Licensed Professional Counselor

October 27, 2001

Examination: Certified Substance Abuse Counselor
Examination: Certified Rehabilitation Provider

November 1 & 2, 2001

Committee Meetings & Board Meeting

November 9, 2001

Examination: Licensed Marriage & Family
Therapist

Board of Counseling
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Staff

Evelyn B. Brown, Executive Director

Benjamin Foster, Deputy Executive Director

Joyce D. Williams, Administrative Assistant

From the Editor



By Eric Scalise - Chair, Public Relations Committee

Several summers ago, my family and I headed out West for a much-needed vacation. You know...those great adventures we always encourage our clients to pursue but struggle to find the time for them ourselves. Anyway, during our own great adventure, one of the places we visited was Yosemite and nearby Sequoia National Park. Yosemite was absolutely beautiful but I was particularly awestruck walking amongst the giant sequoias.

These trees are huge, 250-300 feet tall. The bark is 1.5-2 feet thick. Years ago loggers had actually carved out tunnels in them so vehicles could pass through. Sequoias are also the oldest living things in the world. Some of these trees are estimated to be nearly 3,500 years old. At a ranger station, there was a slice of one with map flag pins carefully placed on various rings of the tree. Each pin had a date with some corresponding historical event: the signing of the Declaration of Independence; the Mayflower landing at Plymouth; the French Revolution; Alexander the Great's conquest of Europe; Caesar crossing the Rubicon; the birth of Christ and on and on it went. I thought to myself, "My God, I'm seeing the history of the world in the rings of a tree."

The experience left me amazed and all I knew was that I had to have some memento to remind me of my visit there. A pinecone! That would be perfect! I looked everywhere for a sequoia pinecone but couldn't seem to locate even one. "They must be

Continued on page 2

The **Editor**, from page 1

huge,” I imagined, and I was already convinced enormous”, I thought, and I was convinced that only one would be able to fit on my mantle anyway. Unfortunately, the nearest branches were some 60-70 feet off the ground and the trunk was much too massive to shimmy up.

I figured that all the other tourists had beaten us there and picked the forest floor clean. Now, I was going to have to go to some gift shop and pay \$20 for a pinecone – but it didn’t matter. I didn’t care. I simply had to have something better than three rolls of film of tree trunks. Finally, I met someone who showed me what to look for. He put one in my hand. I was stunned! The cone is only about two inches long, fully-grown. It sits on the tree for almost 35 years before it falls to the ground. Then came the most incredible thing of all. Nearly 2,000 sequoia seeds will fit into a teaspoon.

Suddenly I realized a wonderful application. Our profession has some things in common with the mighty sequoia. We’re seed planters you know. The seeds may be tiny and seemingly insignificant but they contain awesome potential when placed in good soil – the hearts, minds and lives of those we seek to help. When patience is added over time and we also allow others to water and bring light, those seeds can produce growth in a person’s life, their marriage or family, their self-confidence and their recovery from painful experiences. May I encourage you to take the seeds you have, seeds of hope, of encouragement and support. Who knows what might be accomplished by faithfully planting them – a renewed sense of purpose in a client’s life, a restored relationship, a resurrected self-concept the willingness to continue the journey!

Hope you had a great summer!

Board Member Profiles

Abigail C. Barnes, M.S., CSAC

Victoria, VA
Department of Corrections
Probation/Parole
1st term; expires 6/30/01
Committee Assignment: Regulatory
& Examination Committees

Timothy E. Clinton, Ed.D., LPC

Forest, VA
President, Light Associates, Inc.
2nd term; expires 6/30/04

Committee Assignment: Supervision Committee

Barbara M. Chrisley, Ph.D.

Dublin, VA
Citizen member
1st term; expires 6/30/04
Committee Assignment: Regulatory
Committee

V. Maurice Graham, D.Min., LMFT

Richmond, VA
1st term; expires 6/30/01
Committee Assignment: Credentials
& Examination Committees

Rosemarie S. Hughes, Ph.D., LPC Chair

Virginia Beach, VA
Regent University; Dean of
Counseling and Human Services
2nd term; expires 6/30/03
Committee Assignment: Executive
& Examination Committees

Howard R. King, Jr., Ph.D., LPC

Lynchburg, VA
Liberty, University, Asst. Professor
of Psychology
1st term; expires 6/30/01
Committee Assignment: Credentials
& Supervision Committees

Jack Knapp, D.D.

Sandston, VA
Citizen member
1st term; expires 6/30/02
Committee Assignment: Legislation Committee,
& Member, Board of Health Professions

Susan D. Leone, Ed.D., LPC

Midlothian, VA
Asst. Prof. of Counselor Education, VCU
2nd term; expires 6/30/02
Committee Assignment: Executive,
Discipline & Credentials Committees

Janice F. McMillan, Ph.D., LPC, LMFT

Vice Chair
Richmond, VA
Private practice
Dominion Behavioral Healthcare
1st term; expires 6/30/01
Committee Assignment: Regulatory & Discipline
Committees

Eric T. Scalise, Ed.S., LPC, LMFT

Williamsburg, VA
President, Beacon Counseling
and Consulting
2nd term; expires 6/30/03
Committee Assignment: Public Relations
& Regulatory Committees

Lynnette L. Shadoan, M.A., LPC, LMFT

Lynchburg, VA
Private practice, Light Associates, Inc.
1st term; expires 6/30/01
Committee Assignment: Discipline
& Supervision Committees

Pamela Siegel, LPC

Richmond, VA
1st term; expires 6/30/04
Committee Assignment: Discipline
Committee

New Board Officers

The Board has a new Chair, Dr. Rosemarie Hughes and a new Vice Chair, Dr. Janice McMillan. The Board also wishes to express its gratitude and appreciation for the leadership of Dr. Susan Leone this past year as the outgoing Chair.

The Board would also desires to recognize the invaluable leadership and expertise provided by Michael Kelly who recently completed 10 years of committed service.

Regulations Governing the Practice of Professional Counseling

By Evelyn B. Brown, M.S. Executive Director



In 1998 the Board of Counseling undertook the immense task of reviewing the counseling degree and course work, which had not been significantly amended in the 20 years in which professional counselor licensure has existed in Virginia.

During the past 20 years, the profession has evolved, and graduate programs in counseling are providing extensive training to prepare counselors for independent clinical practice. The Board determined that the core content areas need revision to more closely resemble current practice requirements. The Board reviewed the program requirements of the two national accrediting bodies for programs in counseling (CACREP and CORE), and model legislation for regulation of the profession developed by the American Counseling Association, considered public comment offered at its meetings, and conducted a survey of Virginia's graduate counseling programs to determine the availability of proposed course work. Based on the review and comment and survey results, the Board determined

that the regulations should specify a minimum internship hour requirement of 600 hours with 240 hours of direct client contact, and that the current course requirement fell short of the national standard in four content areas: addictive disorders, marriage and family system theory, multicultural counseling and research. The Board also determined that theories of human behavior are separate knowledge domains offered as distinct courses at most institutions of higher education.

Board members heard comment from counselors verifying that an estimated 25-30% of their clients have some type of addictive disorder or have a family member with addictive disorder. Based on the extent of this problem in our society, and the importance of being able to recognize the warning signs to appropriately refer clients for substance abuse treatment, the Board amended the regulations require one course in addictive disorders.

Additionally, client problems do not originate or exist in isolation, but stem from and involve family, societal or organizational systems. National standards reflect that training in both the individual and systems perspectives is considered essential for minimal competence in the practice of counseling. Although systems theory and techniques are based on a vast body of knowledge that cannot be covered in one course, the Board determined that at minimum, one course be required to make students aware of this significant counseling perspective.

Because counselors test and diagnose clients across the entire span of gender, age, race, relation and ethnicity, the Board determined that it is essential that counselors be aware of how social and cultural factors can affect a client's test results, behavior and thinking. Without cultural awareness, a practitioner may misdiagnose a cultural behavior as a mental, emotional or behavioral problem.

The Board has amended the regulations to require one course in multicultural counseling, theories and techniques.

The specific course work in the regulations effective April 12, 2002, will bring the course work requirement up-to-date in terms of the national standard for the profession. Survey responses substantiate that these courses are considered standard by Virginia's institutions of higher learning.

The counseling regulations now require an applicant to have completed the areas identified below:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;
3. Counseling and psychotherapy techniques;
4. Human growth and development;
5. Group counseling and psychotherapy, theories and techniques;
6. Career counseling and development theories and techniques;
7. Appraisal, evaluation and diagnostic procedures;
8. Abnormal behavior and psychopathology;
9. Multicultural counseling, theories and techniques;
10. Research;
11. Diagnosis and treatment of addictive disorders;
12. Marriage and family systems theory; and
13. Supervised internship, of 600 hours to include 240 hours of face-to-face client contact.

These courses will be required of all applicants for licensure on April 12, 2002, which allows ample time for the university and matriculating graduate students in the counseling programs to meet these requirements.

Until April 12, 2002 the course work set out in prior regulations will be accepted as required counseling course work.

Q & A

Why do the renewal fees fluctuate from time to time?

Board staff receives numerous questions concerning fluctuations in the levels of fees. This article is an effort to address this issue and clarify some of the questions and misconceptions surrounding fees. It is however, only a brief overview of an often-complex process. Code of Virginia sections mentioned may be located online by going to <http://leg1.state.va.us> and clicking on Code of Virginia under the Searchable Databases section and entering the appropriate number.

Fees are established according to state law as set out in the Code of Virginia. The Department of Health Professions (DHP) is a self-funded "Non-General Fund" agency, i.e. it neither receives nor utilizes tax dollars for its operation. Licensee fees for initial, renewal, and reinstatement of licensure generate all revenues necessary for agency expenses. Virginia Code Sections 54.1-308, and 54.1-2505 authorizes these, as well as, other directives necessary for agency operation to the agency director.

In addition, §54.1-113 sometimes referred to as the "Callahan Act," authorizes and **requires** Boards to adjust fees to insure that expenditures stay within 10% of revenues. As a result, sometimes fees are reduced; at other times they are increased, based on past biennial expenses. Most simply put, the more regulants there are the lower the fee.

Unfortunately, there has been a decrease in the number of license and certificate holders during recent years. Consequently, the fees for license renewals and reinstatements have increased. Specifically, how is your fee used? It pays for rental of office space, staff salaries, Board meetings, newsletters, regulations, the data system, all costs related to investigations, and for legal counsel from an assistant attorney general assigned to the Board. An example of real dollar cost would be a formal hearing for a disciplinary matter, which can cost up to \$10,000.

Hopefully, this sheds some light on fluctuations in fee levels. As always, should you have further questions concerning this or any other Board matter please feel free to contact staff at 804-662-9912 or by email at coun@dhp.state.va.us.



Report

American Association of State Counseling Boards

The American Association of State Counseling Boards (AASCB) is an outgrowth of meetings that took place during the American Counseling Association's (ACA) annual convention in 1986. There was, and still is, an obvious need for some level of coordination between States regarding licensure laws and regulations. The AASCB is comprised of various members from individual state counseling boards. Some of the purposes of the Association are to foster better communication between State licensing boards; to develop standards that would help simplify the process of licensing counselors; to protect the public; and to encourage research related to the legal regulation of counselors.

The Virginia Board of Counseling is well represented in this organization. Dr. Rosemarie Hughes is the current President of AASCB and Dr.

Janice McMillan is the President-Elect. One of the ongoing concerns that the organization has been attempting to address is the issue of "portability" for licensees that are licensed in one State and later relocate to another. Dr. Hughes recently chaired a panel that focused on questions pertaining to a piece of this - the examination process.

AASCB has entered into a contract with the National Board for Certified Counselors (NBCC) to provide consultation services to NBCC for their National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE). In return, AASCB will endorse an examination package to States. The two exams would be offered as a step-1, step-2 protocol with the NCE as pre-residency and the NCMHCE as post-residency. However, States do not have to choose both exams. This AASCB-NBCC agreement is for four years.

The AASCB panel will be involved in a new job analysis, setting cut scores, and item development. States may also set their own cut scores but this wasn't recommended for the NCE, as the process has already been developed statistically so that it is defensible in court. The clinical exam will have a new job analysis in 2002. Some of the critical items that the panel will look at include the potential for bias toward a Cognitive-Behavioral and Brief Therapy orientation, the legal/ethical issues of the various States and compatibility with exam questions. For further information on AASCB, you may visit their website at www.aascb.org.



Disciplinary Actions

❑ **Van Archer, CSAC** #0710-000134

Findings: On consideration of Mr. Archer's Petition for Reinstatement of his certificate, which had been revoked in 1991, the Board found that Mr. Archer provided satisfactory evidence that he was able to resume the sage and competent practice of substance abuse counseling under certain conditions.

Actions: Certificate reinstated on probation, with terms and conditions requiring individual supervision

of practice by a Board-approved supervisor who is required to submit reports to the Board, completion of not less than 30 clock hours of course work in the areas of ethics and dual relationships or transference/counter transference.

❑ **Dorothea Christiano Ardalan, LPC** #0710-000134

Findings: By Order entered January 4, 2001, the Board reinstated, then placed on probation on certain terms and conditions. Ms. Ardalan's license, which had been revoked in 1998. Ms. Ardalan notified the Board of her intention to appeal the reinstatement of her license on probation and requested a formal administrative hearing. Ms. Ardalan subsequently notified the Board that she wished to withdraw her request for a formal hearing and to surrender her license.

Actions: Acceptance of surrender of license in lieu of further administrative proceedings, by Order of the Board dated March 19, 2001.

Issues and Strategies

Dual Relationships - Part II

*By Janice F. McMillan, Ph.D., LPC, LMFT
Eric T. Scalise, Ed.S., LPC, LMFT*

This is the second newsletter article about dual relationship issues. The focus is on the distinctives of the supervisor-supervisee relationship as it specifically pertains to a person working toward licensure. It is very important that individuals seeking supervision for counselor licensure as well as counselors who are offering to supervise candidates for licensure carefully consider any potential dual relationship issues, which may complicate the supervision relationship. There are risks in a dual relationship because clinical supervision lends itself to a more relational approach. One of the tasks of a clinical supervisor is to have some understanding of the supervisee's personal dynamics and how they might interplay in the counseling process with clients (Norford, 1998). These can become teachable moments in the learning process. Norford goes on to say that this self-exploration on the part of the supervisee is an essential component in their development as effective counselors.

A dual relationship between a supervisor and a licensure supervisee can create problems significant enough to warrant a founded violation of regulations resulting in loss of supervision hours for the

licensure candidate or suspension of a license for the supervisor. A good number of the disciplinary issues brought before the Board fall into the dual relationship category. This article, however, is not intended to be a definitive treatment of all dual relationship issues. There are many good resources that discuss these concepts in great detail and the reader is encouraged to familiarize himself or herself with the current literature. The purpose of this article is to spur prudent thought for those entering into a supervisor-supervisee relationship in order to avoid future problem areas.

The primary determinants of a dual supervisor-supervisee relationship are two-fold. First, there is a professional relationship in which the supervisor has an “advantage of power” over another (Keith-Spiegel & Koocher, 1988); and secondly, this relationship is preceded by, subsequent to, or concurrent with another relationship (Pearson & Piazza 1997). The “power” factor is evident in that the supervisee depends on the supervisor to sign off completed supervision and experiential hours critical to licensure.

A dual relationship may be any relationship that potentially interferes with a supervisor’s objectivity.

When a supervisor begins a supervisory relationship with a supervisee, and another level of relationship simultaneously exists (such as a close friendship or joint business endeavor), one of the two relationships will be in jeopardy of being compromised. The warnings and prohibitions regarding dual relationships exist because dual relationships may create harm and contamination for the supervisor-supervisee relationship, which is inherently hierarchical. The supervisor for licensure is both a mentor/trainer and an evaluator, therefore close friendships, socializing, business, sexual and other relationships, which are inappropriate in the counseling relationship, would probably also be considered inappropriate while supervision is ongoing.

Transference or counter transference issues can become problematic when there are multiple roles and especially if the supervisor is ill equipped to both recognize and address the conflict (Norford, 1998). Current regulation (18 VAC 115-20-10 et seq.) says that persons licensed by the Board of Counseling shall, “not engage in dual relationships with clients, former clients, residents, supervisees and supervisors that have the potential to compromise the clients or residents well being, impair the counselor’s or supervisor’s objectivity and professional judgment or increase the risk of client or resident exploitation.”

ACA ethical codes more specifically state that it is the responsibility of the supervisor to clearly define and maintain professional and social relationship boundaries with supervisees. The ACA code also indicates that it is inappropriate for supervisors to change the supervisory relationship into a counseling relationship. If a supervisor recommends therapy for his or her supervisee, then someone should perform this role other than the supervisor. The code also prohibits supervisors from accepting relatives as their supervisees, and prohibits sexual conduct between supervisors and supervisees.

ACA’s Ethical guidelines state that supervisors should not engage in any form of social contact or interaction, *which would compromise* the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor’s objectivity and professional judgment should be avoided and/or the supervisory relationship should be terminated. (2.10). The most important role of a supervisor is to ensure competence, which makes objectivity crucial. The purpose of supervision for counselor interns is to ensure sufficient preparation and readiness to practice independently. Therefore, friendships and social relationships by their very nature run the risk of compromising that objectivity. Modeling of appropriate professional boundaries is an important part of the licensee’s supervised experience.

Supervision requires that the supervisor and supervisee have the ability to communicate directly and honestly about personal issues that supervisees may need to overcome to improve their therapeutic effectiveness with clients. The supervisor must also be able to be candid regarding the supervisee’s clinical limitations. Any dual relationship may impede both the supervisor’s and supervisee’s ability to participate fully and directly in the supervision experience and may essentially render the supervision ineffective.

Finally, while all dual relationships may not turn out to be harmful, it is the responsibility of the professional to evaluate and consider the potential for harm. The supervisor must exercise “due care” regarding the possible contamination of the supervision experience. In those cases when a dual relationship cannot be avoided, the supervisor should take precautions such as consultation, supervision of the supervision, informed consent and documentation to ensure that no exploitation exists.

Norford, P.A. (1998) Comparing Administrative and Clinical Supervisions

Keith-Spiegel, P. & Koocher, G.P. (1985) Ethics in Psychology: Professional standards and cases. New York: McGraw-Hill.

Pearson, B. & Piazza, N. (1997) Classification of Dual Relationships in the Helping Professions. Counselor Education and Supervision, 37, 89-99.

Public Information/Your Privacy

Board of Counseling staff has received numerous questions and expressions of concern over the publishing of licensee addresses on the agency website through the "On-Line License Lookup." Many of you were unaware of this practice until new the "Physician Information Project" was instituted and drew attention to the practice several weeks ago. This agency is aware of your concerns but is required by law to provide this information when it is requested.

The Virginia Freedom of Information Act (Chapter 2.2-3700 et. al.) of the Code of Virginia provides that "no record shall be withheld or meeting closed to the public unless specifically made exempt pursuant to this chapter or other specific provision of law."

Thusly, your licensure and address associated with

it are a matter of public record. In fact, only your social security number, test scores, and any open disciplinary matters are exempt from disclosure. So, what can you do to prevent information such as your home address from being disclosed? First, you can use a Post Office Box as your address of record. The Board will accept a Post Office Box as your address of record. Second, you may use your business address as your address of record. In either case, please remember that this will be the address that the Board will use to send you important information such as your renewal notice. Failure to receive renewals, correspondence, or other materials from the Board does not absolve you from any obligation set out in these documents.

Certified Substance Abuse Counselors	1,140
Certified Rehabilitation Providers	663
Results of October 21, 2000 LPC Examination	
Number examined	52
Number passed	40 (70%)
Results of April 28, 2001 LPC Examination	
Number examined	70
Number passed	54 (77%)
Results of November 23, 2000 LMFT Examination	
Number examined	3
Number passed	3 (100%)
Results of May 11, 2001 LMFT Examination	
Number examined	1
Number passed	1 (100%)
Results of October 28, 2000 CSAC Examination	
Number examined	75
Number passed	61 (81%)
Results of April 28, 2001 CSAC Examination	
Number examined	79
Number passed	58 (73%)

Statistical Information

Total Number of Licensees/Certificate Holders
As of August 1, 2001

Licensed Professional Counselors	2,378
Licensed Marriage and Family Therapists	857
Licensed Substance Abuse Treatment Practitioners	95

VIRGINIA BOARD OF COUNSELING
6606 WEST BROAD STREET, 4th FLOOR
RICHMOND, VIRGINIA 23230-1717

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Department of Health Professions



Practitioner Intervention Health Program

If any health care practitioner has concerns about an impairment affecting himself or herself or another practitioner and would like information concerning the Health Practitioner's Intervention Program, contact may be made with the program as listed below:

William E. McAllister, Virginia Monitoring, Inc.
2101 Executive Drive, Suite 5M - Tower Box 88
Hampton, VA 23666
(757) 827-6600 - (888) 827-7559 (answered 24 hours a day)
Fax: (757) 827-8864

Copies of the statutes and regulations governing the Health Practitioners' Intervention Program are available from the Virginia Department of Health Professions.

INTERVENTION PROGRAM COMMITTEE COORDINATOR

Ms. Donna P. Whitney, LPN, CSAC
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717
Telephone (804) 332-9494 FAX (804) 662-9943
E-mail: d.whitney@dhp.state.va.us